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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**1,670.00****Complete if Known**

Application Number	10/538,492	Conf. No.	7092
Filing Date	June 09, 2005		
First Named Inventor	Koji MATSUMOTO		
Examiner Name	N. SULTANA		
Art Unit	1743		
Attorney Docket No.	6020-5382PUS1		

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448	Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**Each claim over 20 (including Reissues)  Fee (\$): 52  Fee (\$): 26Each independent claim over 3 (including Reissues)  Fee (\$): 220  Fee (\$): 110Multiple dependent claims  Fee (\$): 390  Fee (\$): 195

Total Claims	Extra Claims			Fee (\$)	Fee Paid (\$)	Small Entity
	6 - 20 or HP =	0	x			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims			Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
	1 - 3 or HP =	0	x			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

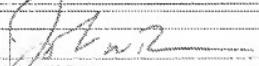
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = 0 (round up to a whole number) x	= 0.00	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE fee (\$810); 3rd mo. EOT fee (\$620); Terminal Disclaimer (\$140)

1,570.00

**SUBMITTED BY**Signature: Registration No.  
(Attorney/Agent): 32881

Telephone 703-205-8000

Name (Print/Type): John W. Bailey

Date MAR 22 2011

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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